FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information 1. Name and Mailing Address of Respondent South Slope Cooperative Telephone Company Inc. 980 N Front St	espondent ephone Com	pany Inc.								deline, in	1 A STATE OF THE S		Chec	Check here if this	
2. Year Report Filed		3. Reporting Period Co	Period (Endir	Reporting Period (Ending Date of Pay Period Covered by Report)			4. Number of Reporting	 Number of Fuil-Time Employees during Selected Regorting Period (check one): 	nployees duri	ng Selected					
2017		3/17/17	17	, , , , , , , , , , , , , , , , , , ,			a. Fev b. 16	Fewer than 16 (complete Sections 16 or more (complete all sections)	omplete Sect	ions I, IV, and V only)	V only)				
SECTION II - Full-Time Employees.	s.							Haller							
						(Numt Report emplo	Number of Employees (Report employees in only one category)	/ees ine category)						
i lob								Race/Ethnicity			- Annual Control				
Categories	Hisp	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
	ļ.,	Latino			Male	ē					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	
	>	8	0	D	Е	П	ဝ	ı		J.	7	_	3	z	0
Executive/Senior Level Officials and Managers			1							Aurenn					
First/Mid-Level Officials and 1.2 Managers			22						2						24
Professionals 2									u						w
Technicians 3															0
Sales Workers 4			bd						1						2
Administrative Support 5									15						15
Craft Workers 6			35						-						36
Operatives 7															0
Laborers and Helpers 8		·	2												2
Service Workers 9	_														0
TOTAL 10	0	0	61	0	0	0	0	0	22	0	0	0	0	0	83
PREVIOUS YEAR TOTAL 11			56						23						79

Title of Person Signing CEO	Date T 05/09/2017	SECTION V - Certification Leartify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	This is to advise the (Attach a list indica	This is to advise the company before an	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311	PREVIOUS YEAR TOTAL	TOTAL	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and Managers	Executive/Senior Level Officials and Managers				Categories	Job		SECTION III - Part-Time Employees.
	yped or Charl	owiedge	e Commi ting parti	e Commi ny body h	mination	11	10	9	8	7	σ	Ch .	4	ß	2	1.2	1.1		_					oyees.
	Printed N les De	informat	ission tha	ission tha	1 Compla	0	0											A	Male		Hispanic or			
	Typed or Printed Name of Person Signing Charles Deisbeck	ion, and beli	t the followin ed, date filed	t no complaii npetent juris	ints Pursua	0	0											В	Female		nic or			
	on Signing	ef, all statem	g complaints , courts or ag	nts regarding diction in suc	nt to 47 CFF	0	0											C	White					
OF ANY STA		ents in this re	alleging viola jencies befon	violations of th matters du	22.321, 23.	0	0											D	Black or African American				Nui (Report emp	
FALSE STAT		ort are true and correct.	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	the equal emp	55, 90.168, 10	0	0											m	Native Hawaiian or Other Pacific Islander	2				
TEMENTS MA	Signature			bloyment prov dar year cover	1.4, and 101.	0	0											т :	Asian	Male				
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	AND THE PROPERTY OF THE PROPER			isions of Fede ed by this rep	311,	0	0											9	American Indian or Alaska Native					
			syment oppor amber or othe	ral, state, tem ort.		0	0				•							I	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category)	
			tunity statute I r designation,	itorial, or loca		0	0												White		Not-Hispanic or Latino	¥	yees one category	
	7		I statutes have been filed and the have been filed against this and current status or dispo	l statutes hav		0	0											ے	Black or African American				Y)	
				e been filed a		0	0											×	Native Hawaiian or Other Pacific Islander	Fer				
	Telephone No. (319) 62		company. sition.	gainst this		0	0											٦	Asian	Female				
	319) 626-2211					0	0											Z	American Indian or Alaska Native					
					0	0				:							z	Two or more races						
VOCATION						0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total	***************************************		